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FOR

## THE USE OF MEDICAL PRACTITIONERS.

FOUNDED BY

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## ART. 6203.

*Muscular Rigidity and Changes of the Eye-ball Characteristic of Death.—Hospital Hygiene.—Docimasia Pulmonaris.—Obliteration of Varicose Veins.*

An interesting communication was recently forwarded to the Academy of Sciences by a shrewd and laborious observer, Dr. Larcher, of Passy, on the subject of the anatomical signs characteristic of death. Mr. Larcher, who for upwards of twenty years has been intrusted with the verification of deaths in his district, and who has derived much knowledge from experiments on animals, is perfectly qualified for the inquiry he has undertaken, on muscular rigidity and on the changes in the eye, considered in their bearings on this sometimes difficult question.

"The order in which the different muscles become rigid in succession is invariably the same, whatever may have been the mode or the cause of death.

"The muscular structures attached to the lower maxilla are the first to stiffen. Almost at the same time the muscles of the lower extremities become rigid, afterwards those of the neck, and subsequently, and last of all, those of the arms. The parts which acquire rigidity at the earliest period preserve it also for the longest time. The articulations of the lower jaw and knee become sooner and more completely rigid than the shoulder-joint.

"This progression is a general rule observable in all animals provided with a muscular system."

Turning to the cadaveric signs afforded by examination of the eye-ball, the author describes in succession *Winslow's film, the opacity of the cornea, the shrivelling of the tunica adnata, the shrinking and depression of the eyes, and, finally, the infiltration of the eye-ball.*

The latter sign, says Mr. Larcher, presents several stages of development; and if attentively watched in its daily and hourly progress, will be found to consist merely in a black spot, at first indistinct, but spreading gradually, and almost always of an oval or circular shape; it is seldom triangular, but when it assumes this form the base of the triangle is turned towards the cornea.

The black stain of the sclerotic invariably appears on the external aspect of the eye-ball; subsequently, another discoloration of the same kind, and in general less marked, forms

on the inner side of the organ, in a direction parallel to the first. They gradually extend transversely, and invariably join, more or less speedily, forming an elliptic segment, the convexity of which is turned downwards. Mr. Larcher has observed twice or three times only that the inner stain preceded the external lividity, and in some instances the purple sugillations of the skin appear before those observable on the eye-ball; more frequently they occur simultaneously, but far more commonly they do not show themselves for a considerable time after the cadaveric signs alluded to have been evident in the eye.

Certain circumstances are favourable to the production of ocular lividity; in warm weather it is rapidly observed in children, and in subjects who have died of consumption, typhoid fever, &c. When once the stain has formed, it must spread; it is indelible and characteristic.

In conclusion, Mr. Larcher, who attaches much importance to this sign, both in a civil and medico-legal aspect, remarks that, at the period which intervenes between the cessation of cadaveric rigidity and the development of evident putrefaction, the livid stains of the eye-ball constitute a valuable test of the cessation of life. These sugillations of the sclerotic, in his opinion, are the unmistakeable stamp of death, and the undoubted forerunners of approaching putrefaction.

— The debate continues at the Academy on the subject of hospital-hygiene, and its results cannot yet be foretold. It is to be feared, that by enlarging the area of the discussion, the members have postponed the solution of the important problems propounded in Mr. Gosselin's report on Mr. Léon Le Fort's memoir, on excision of the hip-joint. Thus, in the first instance, the question before the Academy was merely confined to an inquiry into the causes of the greater mortality after operations in the hospitals of Paris than in those of London. This was originally, and still ought to be the only subject in discussion, and yet Mr. Trébuchet, formerly a director of the Board of Health, at the Préfecture de Police, and, therefore, a highly competent authority in the matter, brings forward, in opposition to the assertions of Mr. Malgaigne and of Mr. Léon Le Fort, official statistics, grounded not upon well-classified and analogous surgical data, but upon the figure of the mortality in the hospitals of Paris in general—*i. e.*, on incongruous elements from which no inferences can fairly be drawn.

Mr. Trébuchet's communication appears to us far less in

point than a highly suggestive paper submitted to the consideration of the Academy by Dr. U. Trélat, who, although he does not altogether agree with Mr. Malgaigne, brings forward additional evidence of the correctness of the eminent Professor's previous statements, and also bears witness to the considerable mortality observed after amputations in our hospitals.

Amongst the various elements of this momentous discussion, our readers will observe, in another part of the present number, an abstract of a memoir by Mr. Larrey on the hygiene of military hospitals (*a*) and a no less interesting speech of Mr. M. Lévy, in which the question of nosocomial hygiene is presented in one of its most startling aspects. These various documents, together with those emanating from veterinary surgeons, unanimously denounce the fatal influence of overcrowded wards, and of an impure atmosphere on the inmates of our hospitals, and more especially on those who have undergone operations.

— Mr. Bouchut took advantage of a brief adjournment of the point at issue, to read a description of a process of *docimasia pulmonaris* consisting in the inspection of the lung, or of a fragment of lung, with the microscope or magnifying-glass, for the purpose of ascertaining whether respiration was performed during life.

He stated that by inspection with a magnifier of the outer surface of the lungs of an infant, or of a recently-born animal, it is possible to discover :

1. The presence of air in the pulmonary cells.
2. The collapse of the cells from disease.
3. Their congenital imperviousness if no air has ever been admitted into the lung.

The texture of a lung which has not respired is compact, soft, white, or roseate, at the middle period of intra-uterine life ; of a brownish red, or chocolate hue in a fully developed fœtus, and its surface is figured with polyhedral outlines which circumscribe the lobules.

When respiration has been completely performed, the viscus is of a pale roseate colour, soft and crepitating, it is buoyant, and each lobule presents an agglomeration of air cells rounded, shining, and transparent, invisible to the naked eye, but easily discerned with a glass of strong magnifying power.

If the lung has incompletely respired, the viscus is roseate,

(*a*) A pamphlet, 8vo., pp. 64. J. B. Baillière and Son.

crepitating, soft, sinks in water, and is mottled with red or brown patches, in which it is impossible to detect the presence of air.

When the process of respiration has been but very imperfectly performed, the lung will be found compact and impervious in the greater part of its structure, but here and there some few very minute lobules will be met with containing cells distended by air. The particles of air contained in the lobules belonging to a lung which has breathed cannot be forced out by pressure with the hand ; and even after several days' putrefaction in water, or in the atmosphere, the air cells can still be descried with a magnifying glass. The same instrument allows of the discrimination of certain cases of general emphysema of the organ, produced by the propulsion into the interlobular intervals during the first efforts of inspiration, of the air partially included in circumscribed parts of the viscus.

Mr. Bouchut's object in pointing out a physical phenomenon, which escapes observation with the naked eye, has not been only to direct attention to a fact which hitherto seems to have been unnoticed, but to supply even the most inexperienced practitioner with the means of ascertaining, without difficulty, whether respiration has or has not been performed.

— Mr. Blot related, at a recent meeting of the Society of Surgery, two instances of spontaneous cure of varicose veins in pregnant women, by the unfrequent process of adhesive phlebitis. The history of these cases was deficient in detail, and we, therefore, cannot adequately judge of their importance ; but it gave rise to a debate which seems to us calculated to dispel any illusions on the subject of the radical cure of varicose veins by means of coagulating injections.

Mr. Chassaignac and Mr. Velpeau opined that these injections could effect but a temporary cure. The obstructions of the veins by coagula, said Mr. Chassaignac, is anything but permanent. Adhesive inflammation frequently sets in, in varicose veins, and yet, on subsequent dissection, the circulation is found to have been re-established in the same blood-vessels. Mr. Chassaignac is disposed to think that coagulating injections propelled into varicose veins act in a similar manner ; they induce local inflammation, clots obstruct for a time the passage, but are gradually removed by absorption, and the blood resumes its former course. In support of Mr. Chassaignac's opinion, Mr. Velpeau related a case illustrative of the extreme difficulty of effecting the *permanent* oblitera-

tion of a varicose vein by the process of adhesive inflammation.

Some years ago, a patient suffering from this disease occupied a bed in the wards of La Charité. Mr. Follin, who, at the time, was acting as Mr. Velpeau's substitute, injected sesqui-chloride of iron into the enlarged veins. Extremely intense inflammatory action, and abscesses followed, and placed the man's life in much danger. These symptoms, however, were eventually subdued, and in order to watch more closely the issue of the case, Mr. Velpeau kept the subject in hospital for a considerable space of time, at the end of which he was discharged, to all appearance, completely cured. Six months later, however, the same patient again applied for advice; new veins were already apparent beneath the skin, and some short time after, a relapse had taken place.

Mr. Velpeau has met with a host of similar instances. On dissection of the veins of the arm, said the Professor, although in a very limited space, many lancet wounds may have been inflicted, no adhesion of the vascular parietes can be found. In animals, Amussat ascertained the same fact. On the other hand, cauterisation, a method formerly recommended for the cure of varicose veins, has also yielded but negative results, and has not prevented the occurrence of relapses.

Mr. Broca did not deny the possibility of the obliteration of varicose veins as a result of inflammation, and conceived that the adhesion thus induced, may have a degree of solidity equal to that which follows pleurisy; but like Mr. Velpeau and Mr. Chassaignac, he has also observed that varicose veins may be temporarily obstructed by a coagulum which disappears in time and leaves the passage free. Mr. Broca has carefully studied the nature of the coagula formed in a vein under the influence of sesqui-chloride of iron, and found that they are at first very firm, but subsequently become softer, and are eventually absorbed altogether in the course of a few years.

In answer to Messrs. Velpeau and Chassaignac, Mr. Blot remarked that the venous obstruction in the two cases he had brought forward, was the result of the direct adhesion of the vascular parietes, without any intervening coagulum; the possibility of this mode of obliteration Mr. Velpeau did not utterly deny, but he observed, in conclusion, that it was doubtless very infrequent, and required further research and the strictest investigation.

## ART. 6204.

## HOTEL-DIEU.

(PROFESSOR TROUSSEAU'S WARDS.)

*Obstinate Case of Intermittent Fever; Large Doses of Cinchona Bark. — Puerperal Convulsions; Chloroform. — Singular Case of Cerebral Disease, Caused by Saturnine Emanations.*

A young woman was recently admitted into Professor Trousseau's Wards, suffering from tertian fever, of seven months' duration, which had resisted all the methods of treatment previously resorted to for its removal. The failure of antiperiodic remedies is not unusual, and in general depends on the absence of method in the exhibition of preparations of bark. To check, is not to cure intermittent fever. It is here, as in certain cases of gonorrhœa, which copaiva arrests, but which relapse in the course of a week, if nothing more has been done to subdue the complaint. A few paroxysms may easily be suppressed, but if from indolence or an inopportune spirit of economy, the treatment is not persevered in, the fever, temporarily checked, returns with undiminished force. In order to cure an intermittent fever of long standing, bark should at once be prescribed in large doses, immediately after a paroxysm, so as to allow of the longest possible interval before the next attack; and the treatment must be continued with regularity for a length of time proportionate to the previous duration of the disease. We have elsewhere described the methods of Sydenham, Torti, and Bretonneau. Mr. Trousseau, as our readers are aware, had adopted the system advocated by the illustrious practitioner of Tours; but experience has since modified his views in this respect, and has convinced him of the advantages of the method recommended by Sydenham.

This plan, which differs slightly from that which proved successful in the case of Louis XIV., and which gained for the empiricist Talbot a sum of 1,900*l.*, besides a knighthood, and 80*l.* a year, consisted in the administration, during the apyretic interval, of one ounce of finely powdered yellow bark, in the shape of an electuary; the dose was repeated after five days, and, subsequently, at intervals of eight or ten days, without any diminution in the quantity of the febrifuge. At

the same time, iron was exhibited to remove the anemic symptoms, and its use was persevered in until all trace of a cachectic condition of the system disappeared. This treatment, with the exception of the chalybeate, was that adopted by Mr. Trousseau for his patient. The following was his prescription :

℞ Cinchonæ flavæ, ℥j. ;
Confect. Rosæ,
Syr. cortîcis aurantii, } ā q.s.

For an electuary, to be divided in boluses, four or five of which will be taken together at the beginning of the apyretic stage. If the medicine induces any gastric disturbance, add one drop of laudanum to each portion of medicine.

These fractions, taken at short intervals during the day, constitute, by their assemblage, what Torti and Bretonneau called one dose, an expression not to be literally interpreted, inasmuch as it would be utterly impossible for some patients to swallow at one gulp an ounce of Peruvian bark.

In the case which suggests these remarks, an ounce of cinchona powder was exhibited in the course of the day, on the 8th of March. The fever did not return. On the 13th, the same quantity was taken between the hours of nine a.m. and four p.m. A week was then allowed to intervene without treatment, when a similar amount of the medicine was again administered, and this plan will be persevered in for six or eight weeks. Now eight days had not passed before the patient recovered her natural complexion, although no chalybeates were prescribed, and the spleen, which extended nearly to the umbilicus, and reached the margin of the os ilii, was reduced on the 9th of March by an inch and a half, and a few days after shrank beneath the ribs.

This is the method which Mr. Trousseau considers the most appropriate in tertian ague of long standing. It is emphatically the best treatment, and in France, at least, always proves successful. The Professor, in all the course of his experience, has met but with one case in which it failed, and in that instance the fever ceased, after the expulsion of an enormous mass of intestinal worms.

The Peruvian bark is generally preferable to sulphate of quinine, because it is cheaper, more slowly assimilated, and altogether more efficacious. If, however, for any reason, it should be thought advisable to have recourse to the salt of quinine, fifteen grains should be exhibited at the earliest possible period of the apyretic interval, and the dose be subsequently repeated in order to obviate a relapse. It is, more-

over, prudent at first to give the medicine on two consecutive days, in order to check the paroxysms with certainty; afterwards the sulphate or the cinchona powder may be prescribed. The latter is more appropriate, as we have stated, in fevers of long standing.

In recent ague, and more especially in the malignant form of intermittent fever, in which a second paroxysm supervenes before the conclusion of the first, it is necessary to have at once recourse to the sulphate in thirty grain doses, on account of its prompt action; in the abnormal forms of periodic disease, such as supra-orbital neuralgia, the quinine must be persevered in for five or six days in succession. But as a general rule, the bark or the quinine should never be given in gradually decreasing doses; this method Mr. Trousseau denounces as unprofitable, and entailing perfectly useless expense.

— About one-sixth of the gravid women who suffer from anasarca in the last two months of pregnancy, are liable to puerperal convulsions. This distressing complication was recently observed in the case of a young woman, aged twenty-one, who presented fourteen successive epileptiform attacks during labour. As she continued in a state of stupor, she was brought to the Hôtel Dieu, where the urine was tested, and found to contain albumen; she was pronounced to be suffering from eclamptic fits.

With regard to prognosis, simple albuminuria should not be confounded with renal disease; Mr. Blot, in a much valued thesis, has shown that eclampsy consequent on uncomplicated albuminuria, frequently terminates favourably, whereas the other variety is always fatal.

In the present instance, the stupor persisted for a short time, but the convulsions did not recur after delivery.

The cessation of the fits after the completion of labour of course causes the conclusion of the latter to be anxiously looked for, but does not justify the practitioner in resorting to direct interference, for the purpose of hastening the dilatation of the uterine orifice. It is an acknowledged fact, that any attempts of the kind greatly increase the violence and number of the convulsive paroxysms. Dilatation must, therefore, be left to the spontaneous efforts of nature, and when it is sufficient, the forceps may be resorted to, or turning accomplished. In the interval, it was formerly the custom to bleed the patient, a method perhaps calculated to conquer the rigidity of the os uteri, but highly irrational and perilous if

the chloro-anemic condition of the subject be taken into consideration. Venesection in such cases, far from being beneficial, hurries on the symptoms to a fatal termination, and this practice is now, with much reason, condemned by most obstetricians. Here, says Mr. Trousseau, science places at our disposal one remedy only, but on which full reliance may be placed; chloroform should be inhaled so as to induce considerable diminution of sensation, though not complete unconsciousness. The action of the anæsthetic may be protracted during the entire duration of labour, and even after delivery, if the convulsive symptoms persist after its conclusion.

— These remarks form an easy transition to another description of eclampsy, towards which Mr. Trousseau directed the attention of his hearers, and which subsequently gave rise to very interesting anatomical observations.

A hair-dresser, passionately addicted to the use of the spirituous bitter called *absinthe*, after being turned out of several situations, as a last means of earning a livelihood, sought refuge in a white-lead factory. He was admitted into this establishment on the 24th of August, 1861, and nineteen days after was compelled to leave on account of severe symptoms of saturnine poisoning. He was received into the hospital of La Charité, where the eccentricity of his temper and some incoherence in his mind attracted attention. On the 4th of January, 1862, however, he resumed his labour in the factory, and a month afterwards, he applied for admission at the Hotel-Dieu, where he was admitted on the 5th of February, and the second night after his entrance into the wards, he had no less than six convulsive attacks, the last of which proved fatal.

Was the case to be considered one of epilepsy, or one of saturnine eclampsy? The urine contained no trace of albumen, and Mr. Trousseau might have rejected the idea of eclamptic fits, had he not been aware that albuminous urine, a sign of much importance to the diagnosis in the instance of children or gravid women, is never found in subjects labouring under lead-poisoning. Epilepsy, moreover, is seldom fatal; eclampsia frequently causes death, and this man perished in convulsions. From these reasons, the Professor concluded that the patient died from the effects of convulsions consequent on saturnine intoxication.

Instances of the kind are not very uncommon. Tanquerel des Planches relates seven cases in point, and in some, the subjects had been but a short time exposed to the noxious

emanations. Mr. Trousseau's patient had altogether worked but seven weeks in the lead-factory. It should, however, be observed, that some individuals become affected after comparatively trifling exposure, and present, at the same time, a remarkable degree of resistance to other equally powerful *ingesta*. We have seen in Mr. Trousseau's wards, a man affected with polyuria who drank, in the course of an hour, twenty bottles of wine without inconvenience, and who manifested symptoms of poisoning after taking one-sixth of a grain of extract of belladonna. The present case is illustrative of this apparent contradiction. This habitual drunkard, inured to the absorption of enormous quantities of spirits, was killed by saturnine emanations in the course of seven weeks.

In Mr. Trousseau's opinion, all the symptoms induced by lead-poisoning are the result of the action of the deleterious principle on the nervous centres. Poisons, whatever their nature, display a singular elective affinity for certain organs. Each toxic agent would appear to have a specific direction which it assumes in preference to any other. Thus lead seems to act more particularly on the cerebro-spinal axis.

Messrs. Devergie, Guibourt, and Barth have already chemically demonstrated the presence of lead in the brain and spinal cord of subjects who perish under the influence of saturnine poisoning. Mr. Châtin, in the present instance, again ascertained the same fact. Requested by Mr. Trousseau to institute an inquiry into this point, this able chemist examined equal portions (half a pound in weight) of the brain, liver, and spinal cord, and found in the latter one-twentieth part of a grain of sulphuret of lead, somewhat less in the brain, and one-fifth of a grain in the liver. It is, therefore, beyond all doubt, that a notable amount of lead can be conveyed to the nervous centres and give rise to very serious neurotic symptoms, even when the impregnation has taken place at no very distant date.

A case of the same description recently occurred in Professor Piorry's wards, at La Charité, and chemical research yielded similar results.

A patient having died from cerebral symptoms induced by saturnine poisoning, Mr. Piorry requested Mr. Fordos, the able chemist attached to the hospital, to examine the brain, and the presence of lead was ascertained in that viscus.

Mr. Fordos, it would appear, has twice before verified the same fact, which has suggested to Mr. Piorry the idea of exhibiting, in cases of nervous disturbances induced by lead, essence of turpentine in inhalations, in frictions, or internally,

in order to act through the medium of the circulating system on the lead contained in the viscera. Future experience only can decide on the value of this theoretical view.

## ART. 6205.

## HOSPITAL OF THE SCHOOL OF MEDICINE.

(PROFESSOR NELATON'S WARDS.)

*Varicose Aneurism of the Popliteal space.*

We recently noticed in Mr. Nélaton's wards, two cases of aneurism of widely different nature. The first, which we shall take an early opportunity of alluding to, was a small traumatic aneurism of the palmar arch, and was promptly destroyed by cauterisation with the chloride of zinc paste; the other was a varicose aneurism of considerable size, occupying the popliteal space, in which Professor Nélaton declined to interfere.

We will briefly describe the latter, and reproduce the remarks it suggested to the eminent surgeon, for whose advice the patient had repaired to the hospital.

A little more than two years ago, this man, a hair-dresser by trade, now aged twenty-seven, was wounded at the bend of the right knee, with a sharp knife at about half-an-inch from the head of the fibula. A horizontal scar is still visible at the point corresponding to the junction of the tendon of the biceps of the flexor femoris and of the fascia lata, both of which were certainly offended. A small quantity of blood escaped immediately after the infliction of the injury, but the patient having bent the knee, external hæmorrhage was arrested, and abundant internal extravasation took place, causing considerable swelling of the limb. After a few days, however, the turgescence decreased, and the tumour became circumscribed within the limits of the popliteal space. The man never since suffered much inconvenience from the tumefaction; he merely complained of slight discomfort while walking, of numbness of the leg, and occasionally of pain along the course of the anterior tibial nerve. This pain within the last month, having become more persisting, had induced him to apply to Mr. Nélaton.

The first circumstance which attracted remark, was the protrusion of the usually hollow popliteal space, the prominence being more marked on the inner side. In this region energetic throbbing was distinctly visible, and the skin was covered with a comparatively copious growth of hair, a pathognomonic sign of aneurism, the undoubted value of which, Mr. Broca has clearly demonstrated. The temperature of the tumour was higher by one degree (centigrade) than that of the other parts of the limb, an interesting fact towards which Mr. Henry, a former interne of Mr. Nélaton, has also called attention. The strength of the arterial pulsations was moreover decreased below the growth, especially in the *tibialis postica.*

More characteristic signs were in addition supplied by palpation and by the stethoscope, which removed all doubt as to the nature of the case.

On applying the hand over the tumour, a strong quick throbbing was felt, and the peculiar vibration called purring thrill, or tremor, was distinctly perceptible, both above and below the popliteal space, more marked, however, in a limited part of the aneurism, corresponding to the spot in which an artery and a vein were in communication with each other. On auscultation, a continuous, but periodically swelling murmer, or *bruit saccadé* was heard, apparently resulting from the alternate and rapid succession of two sounds of different tone, and somewhat resembling the purring of a cat. The murmur and the thrilling vibration, are characteristic of varicose aneurism. In one other disease only is the continuous swelling bruit also heard, viz., in cirsoid aneurism ; but the presence of the thrill establishes the distinction, when it possesses a maximum degree in any one spot, which corresponds to the communication of the two blood-vessels. In cirsoid aneurism, which consists in the dilatation and increased flexuosity of arteries, the thrill is uniformly strong throughout the entire course of the diseased blood-vessels.

Mr. Nélaton described the various kinds of varicose aneurism, and opined that in the present case, a sac had probably formed between the artery and vein, establishing an indirect communication from one to the other.

This anatomical condition is in some respects beneficial, and is certainly much less perilous than that observed in common aneurism ; because the blood flows from the artery into the sac, and from thence into the vein, the amount of distension never being so considerable as to cause the sac to give way, an untoward event but too frequently met with in the other forms of arterial disease.

It must, on the other hand, be acknowledged that this arrangement lessens the efficacy of surgical interposition. Therefore, although arterial aneurism, abandoned to the unaided efforts of nature, imperils life more frequently, yet it is possessed of this compensation that it may be cured by pressure or consolidating injections. In the venous or varicose aneurism, on the contrary, the admixture of the two different kinds of blood, and the constant agitation of the liquid mass, are serious obstacles in the way of coagulation. In cases of this description, Mr. Nélaton has nevertheless sometimes succeeded in effecting by pressure a cure, the mechanism of which, he explains, as follows : Scarpa rejected pressure in the treatment of varicose aneurism, fearing that it might transmute the disease into arterial aneurism ; now this was precisely what Mr. Nélaton has purposely endeavoured to do, and has several times achieved. When this first step was gained, he resorted to ligature of the artery or merely to protracted pressure. But the four cases in which the above method proved beneficial, were of from two to six months' standing at most, whereas, in the present instance, the injury was inflicted upwards of two years ago, and Mr. Nélaton considers it very doubtful whether after so long an interval the transformation alluded to be practicable.

The Professor further reflected on the possibility of obtaining a cure by the injection of sesqui-chloride of iron, a method which, on other occasions, he has found efficacious. He is disposed, however, to think that in this case, it is proper to pause, and perhaps even to decline any interference whatever, on account of the situation and magnitude of the tumour, as mortification of the limb might possibly be the consequence of inflammation of the sac.

Ligature of the femoral artery, above the sartorius in the triangular space of Scarpa, has been performed for the cure of the disease this man is affected with, but the results of the operation have not been satisfactory. In the cases in which this plan was adopted, the premature detachment of the ligature occasioned secondary hæmorrhage, or gangrene supervened, with fatal consequences. Moreover, the deligation exercises no influence whatever on the circulation through the aneurism. Anel's method for the treatment of this kind of vascular affection should, therefore, be utterly rejected.

Ligature of the artery above and below the sac, is an operation which but for its great difficulties and hazardous nature, would here be applicable. The procedure is, however, so arduous, that despite his extraordinary dexterity, the late

A. Bérard never succeeded in completing it. Suppose it, however, performed, inflammation, putrid decomposition, and other fearful and inevitable dangers await the patient. It would obviously be most injudicious, to expose to all these perils, a man, who, thanks to the safety-valve, supplied by the sac intermediate to the vein and artery, can live on without fear of increase or bursting of his tumour. Under these circumstances, interference would be rash in the highest degree.

Mr. Nélaton, therefore, has determined on having recourse to a very inoffensive mode of treatment. The man is a hairdresser, but must seek for some other occupation in which he will not be compelled to stand. He suffers less from the aneurism itself, than from the varicose veins it has induced. For a long space of time he will wear Burggraëve's wadded bandage, by means of which methodical pressure will be exercised on the limb from the foot to the middle of the thigh ; it is hoped that this appliance will check the future growth of the tumour, and any further varicose development. If, however, in spite of these measures, the size of the tumour increased in an alarming manner, a last resource would remain, namely, amputation of the thigh ; but so radical a procedure cannot of course be thought of, before a fair trial has been given to more innocuous methods.

## Art. 6206.

## HOSPITAL OF THE SCHOOL OF MEDICINE.

(BARON DUBOIS' WARDS.—MR. PAJOT PROF. PRO TEM.)

*Uterine Hæmorrhage caused by Irregular Insertion of the Placenta.*

In a recent number (Art. 6187), we described Mr. Pajot's method of plugging the vagina in cases of *placenta prævia.* This procedure is, however, but a temporary palliative, and a time comes when it ceases to be appropriate, and more direct interference is required from the accoucheur. The course to be adopted must, then, depend upon the degree of irregularity, *i. e.*, it will vary according as the placenta is inserted directly over the internal orifice of the os uteri, or in its vicinity.

In most cases, the anomaly is incomplete. When, under

such circumstances, the plug has induced a dilatation of an inch or fifteen lines in diameter, if the flooding persists, the method recommended by Puzos may be resorted to with much benefit. Mr. Puzos's procedure was a considerable improvement on the practice which prevailed before his time. Previously to this accoucheur, no other resource was known to the profession, for restraining hæmorrhage in the circumstances under consideration, but forcible delivery after or without incision of the orifice. Puzos demonstrated by direct experiment, that the desired effect was more safely and more certainly attained, by causing uterine contraction by titillation of the os uteri with a feather, and subsequently puncturing the membranes. Puzos was undoubtedly right ; but we are at the present day in possession of an agent, ergot of rye, with the assistance of which we can improve on that obstetrician's plan. The successive exhibition, at short intervals, of six or eight grain doses of ergot soon induce uterine action, which should be allowed to last for a quarter of an hour or twenty minutes ; the membranes should then be punctured, and the fœtus raised in order to allow the amniotic fluid to escape. The fœtus itself acts as a plug, and almost infallibly checks the hæmorrhage, especially in cephalic presentations.

Some accoucheurs have resorted to Puzos' method, even when the placenta is concentrically inserted over the os uteri. Thus, Mr. Gendrin has perforated the after-birth with a female catheter, after uterine action had set in. Mr. Pajot acknowledges that he has no personal experience of this practice, but he considers it far preferable to the laceration of the placenta with the hand, and unless the hæmorrhage was so excessive as to place the life of the mother in immediate peril, he would unhesitatingly imitate Mr. Gendrin's example.

Although complete dilatation of the orifice be present, although uterine contraction has been established, and the membranes are ruptured, it may, however, happen that dangerous flooding continues. In this case, no time should be lost, and the practitioner must adopt the course which Mr. Pajot followed in the case recorded in our last number—viz., insert his hand through the placenta, turn and extract the child. For this purpose he should use the hand corresponding to the side of the womb on which the placenta is not inserted, or to which the smallest portion of the after-birth is attached. The danger of detaching too considerable a part of the placenta, and of giving rise to fresh and, perhaps, as Mr. Scanzoni has observed, suddenly fatal hæmorrhage, will thus be averted. When the fœtus is extricated, delivery should be

proceeded with, and the womb, having been freed of its contents, friction on the abdomen, ergot of rye, and astringent injections may be prescribed with advantage. Such is the line of conduct recommended by the most approved authors; but although this method is perfectly rational, it must be acknowledged that even when it is instituted, fatal results are not infrequent; and Professor Simpson, one of the highest authorities on the subject, struck with the disastrous issue of cases of the kind, reversing the usual practice, proposes the removal of the placenta previously to the extraction of the child, in order to save the mother from the fatal effects of incoercible flooding.

Mr. Simpson's procedure is now well known, and it is unnecessary to dwell on it. We fully described it in a former impression (Vide No. 4878); but we will conclude with a brief summary of the remarks of Mr. Pajot on its expediency. It is quite true, said the Professor, that when hæmorrhage is the consequence of the irregular insertion of the placenta, the expulsion of the latter, before that of the child, has proved a most fortunate event for the mother, the mortality, on a total number of 141 cases, having been but one in fourteen, whereas by the other spontaneous procedures it has been calculated at one in three. Nature having, therefore, pointed out so satisfactory a method of averting the impending peril, Mr. Simpson was surely justified in imitating its proceedings. And yet the outcry raised in France, against the doctrines of the eminent Edinburgh Professor, is still fresh in the minds of our readers. He has been accused of wantonly sacrificing the life of the child, although foreseeing the objection, he had prescribed prompt extraction of the fœtus, as the best means of preserving its life. It should not be forgotten, however, that Mr. Dubois was not found among the adversaries of this method, but merely expressed some doubt as to the correctness of the statistics brought forward in support of its utility. Neither does Mr. Pajot reject it. In his opinion, the preservation of the life of the child is but a secondary consideration, when that of the mother is at stake. But, in accordance with the opinion of Mr. Dubois, he resorts to the previous extraction of the placenta, only in those extreme cases in which the flooding is excessive, and the death of the mother obviously impending.

## MEDICAL CORRESPONDENCE.

ART. 6207. EFFICACY OF TONICS AND NUX VOMICA FOR THE CURE OF NOCTURNAL INCONTINENCE OF URINE.—INFLUENCE OF MARRIAGE ON THE INFIRMITY.—Your remarks on the treatment recommended by Mr. Denaux, of Dixmude, for nocturnal incontinence of urine (Art. 6140), encourage me to forward to you the particulars of an instance of this disease in which I was so fortunate as to effect a cure, after various remedies, resorted to in succession, had entirely failed.

A servant girl, residing at Yverdon, aged seventeen, of weak constitution, and obviously chloro-anæmic, had since the age of seven, suffered from incontinence of urine. In summer, the infirmity recurred at distant intervals, but returned every night in winter. The patient's mistress consulted me on the subject in November, 1861, several practitioners having previously been applied to in succession. I resorted to the following treatment:

1. To drink four times a day, a glassful of infusion of quassia amara.

2. To take three times a day, one of the pills here prescribed:

℞ Ext. nucis vomicæ, gr. iij.;
Ferri oxydi nigri, } āā ℥j.;
Pulv. quassiæ, }
Syr. artemisiæ, q. s.
M. Divide in pilulas, xxiv.

3. To apply at night on the abdomen and thighs, cloths impregnated with a spirituous infusion of sage and lavender.

4. Careful attention to diet; to drink but a moderate quantity of water, and to take no liquid food; a half a wine glassful of old claret after the principal meal.

Under the influence of these directions, which were strictly complied with, speedy improvement was observed. A complete cure was effected on the 8th of December, and no relapse has since taken place.

Mr. Grisolle, in his lectures on *Materia Medica*, at the School of Medicine, in 1854, laid much stress on the good effects of nux vomica and chalybeates, in the affection in question. I, therefore, entirely refer to the learned Professors' instructions the success I met with in this case.

OSCAR RAPIN, M.D.
*Grandson, Canton de Vaux, Switzerland.*

Nocturnal incontinence of urine is a disease which is more

in the province of the physician than in that of the surgeon. Surgeons are, however, often consulted for young women labouring under this infirmity, especially when marriage is contemplated.

I have often, recently said Mr. Nélaton, recommended in such cases, tonics, iron, belladonna, but I have never obtained more than a temporary discontinuance of the disease. Mastic in tears (two ounces to be taken in the course of a week), has been extolled as an infallible remedy ; I have prescribed it, and after apparent, but transitory success, like other drugs, it yielded nothing but disappointment.

These failures are, it is true, disheartening, but are, to a certain extent, compensated by a circumstance in the history of nocturnal incontinence of urine in young women, which is not sufficiently known : the debility of the bladder usually disappears after marriage. I have never once been consulted by a married woman for this infirmity, and Mr. Cruveilhier and Mr. Moreau, whom I have spoken to on the subject, also have always observed the cessation of the disease after wedlock. The change of life and disturbance of rest may possibly be connected with this singular fact. But it is certain that the apprehensions entertained by parents on the subject of nocturnal incontinence in the case of young persons are exaggerated, and that this circumstance should never operate as an impediment to marriage. H. C.

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## SCIENTIFIC MISCELLANEA.

Art. 6208. Uncomplicated Hoarseness, and the Sudden Hoarseness of Singers.—The second volume of *Graves' Clinical Lectures* contains remarks of much interest on the subject of hoarseness, and their importance is further enhanced by annotations from the pen of the translator, Dr. Jaccoud.

Young people of both sexes, says Graves, are frequently affected with a kind of chronic hoarseness which often resists most obstinately all remedial measures. A child, in consequence of exposure to cold, suffers from sore throat and feverishness, which yield, in a few days, spontaneously, or to the exhibition of mild laxatives ; but the roughness of the voice persists, and lasts for weeks and months without any other concomitant symptom, or any perceptible organic alteration. This condition is the result of insidious irritation, and depends

on the relaxation of the chordæ vocales, and perhaps even of the muscular structures of the larynx, and can neither be removed by dietetic precautions, nor by any form of antiphlogistic treatment. Rubefacients applied to the skin, and gargles of a stimulating character, are the remedies which will be found most beneficial. Graves was in the habit of prescribing at first, the following liquid as a gargle, to be used five or six times a day :

℞ Tinct. capsici, ℥j. ;
Decoct. cinchonæ, ℥iv. M.

He gradually increased the dose of capsicum to three drachms, an amount which he never exceeded. (*a*) Embrocations were made at the same time on the anterior part of the neck with

℞ Liniment. camphoræ, ℥vj. ;
Ol. tiglii, ℥ij. M.

A tea-spoonful of the mixture was poured into a saucer, and rubbed in morning and evening, until a confluent eruption of pustules was induced. When these faded, the operation was repeated, and thus a slight but efficacious counter-irritation was perseveringly kept up. In addition to these remedies, absolute silence was enforced, and if a cure was not thus effected, Graves expressly recommended small doses of iodine, and change of air ; as a last resource, he advised mercurial fumigations, continued until the mouth was slightly touched, a remedy which almost invariably succeeded in removing the hoarseness.

The translator of Graves' lectures, describes in a note certain sudden changes of the voice, which are not noticed in didactic works, and which he has observed in professional singers, particularly in spring and autumn. These vocal disturbances, says Mr. Jaccoud, are of two kinds, and have nothing in common but the suddenness of their invasion. They are sometimes the result of sudden congestion of the larynx and fauces, or are consequent on some nervous affection of the throat, or perhaps merely on fatigue of the tensor muscles of the glottis.

In the first case, the subject becomes hoarse, not only in singing but in speaking, and the sound of his voice has the peculiar roughness characteristic of the incipient stage of laryngitis. All the notes, high or low, are equally altered,

(*a*) The Dublin tincture is more than twice as strong as the London preparation.

and the patient complains of an uncomfortable sensation in the throat. The accidental cause of this variety is a sudden change of temperature from heat to cold or the converse, and it sometimes arises merely from the effects of a too highly-heated atmosphere. This, however, is but a determining cause ; for, although singers are all more or less exposed to its operation, yet all are not subject in the same degree to the ailment. A predisposition here obviously exists, and would consist, according to Mr. Jaccoud, in a morbid hypertrophy of the glandular structures of the pharynx. This author has further remarked an habitual state of relaxation of the guttural mucous membrane in persons thus affected. These various morbid changes have suggested to Mr. Jaccoud a mode of treatment somewhat similar to that resorted to by Fourreau de Beauregard in the case of the Emperor Napoleon I, and by Bennati. *(a)*

Mr. Jaccoud prescribes a mixture consisting of

℞ Mist. acaciæ, ℥iv. ;
Liq. ammon. acetatis, ℥j.

To be taken, in table-spoonfuls, every half-hour.

2. Also the following gargle :—

℞ Aquæ, ℥viij. ;
Aluminis, ℥iss. ;
Syr. papaveris, ℥ij.

"On several occasions," says Mr. Jaccoud, "I have thus succeeded in effecting a cure of hoarseness in three or four hours, and enabled my patients to sing on the very same evening. In urgent cases, when an artist suddenly loses his voice a few minutes before going on the stage, I am acquainted but with one remedy likely to give relief—it is the application of large mustard-poultices to the throat and chest. This

*(a)* F. de Beauregard's mixture, which we described some years ago (Art. 4282), restored the voice of the Emperor, and enabled him to reply to the address of the inhabitants of Lyons on his return from Elba. Its composition was as follows :

℞ Liq. ammoniæ, ♏ x. ;
Syr. erysimi, ℥xij. ;
Infusi tilii, ℥iij. M.
To be taken in one draught.

Bennati's gargle consisted of

℞ Aluminis, ℥j. ;
Decoct. hordei, ℥x. ;
Syr. papaveris, ℥v.

The quantity of alum was sometimes increased to ℥v.

The Editor.

method sometimes removes at once the vascular congestion of the larynx."

Mr. Jaccoud then turns to the second kind of hoarseness, which interferes with singing only, and which utterly suppresses all notes above the middle of the diatonic scale. No morbid change can here be detected in the fauces, the vocal disturbance being merely consequent on defective adaptation of the ligaments of the glottis, which have lost the power of acquiring the tension necessary for the utterance of the higher notes. This condition, whatever be its cause, resists all therapeutic appliances, and entire rest of the organs for three or four days, is absolutely necessary for its removal.

ART. 6209. USE OF THE LEVER FOR THE EXTRACTION OF THE HEAD, AFTER EXPULSION OF THE TRUNK, IN BREECH PRESENTATIONS.—This is the title of a paper published in the *Transactions of the Medical Society of Ghent*, by Mr. Carrée, one of its resident members. The Author propounds the fol lowing views :—" After the expulsion of the trunk, when the head alone remains within the pelvis, whatever be the position of that part of the fœtus, the application of the lever is unquestionably the best means of preserving the life of the child. In cases of the kind, it happens but too often that the head cannot be extricated with sufficient promptness. The application of the forceps also involves the loss of valuable time, and, as in these remarks I chiefly refer to instances in which turning has been resorted to, the already exhausted child soon perishes. Extensive experience has demonstrated to Mr. Carrée the great benefit which, under these circumstances, may be derived from the lever.

In order to use this appliance in an effectual manner, the various presentations of the head must be taken into account. After the trunk has passed, either the occiput or the face may be turned towards the pubic arch. In cases of pelvic deformity, or of hydrocephalus, very little hope can be entertained of the birth of a living child, and the choice between the lever and the forceps is, therefore, a matter of no moment. But in the frequent case of the occiput being turned towards the anterior part of the pelvis, the head already occupies the excavation, and the lever supplies the accoucheur with prompt and ready means of extrication. The body of the child should be inclined towards the left or right side of the mother, according to the situation of the occiput, and the instrument applied as near as possible to the forehead. The action of the lever causes the head to bend on the chest, turns back the face, and

at once disengages the fœtus. This procedure is the more easy, as in presentations of the summit, so long as the head remains within the pelvis, the occipito-frontal diameter seldom corresponds precisely to the sacro-pubic line.

"I am fully aware," says Mr. Carrée, "that valid reasons may be adduced in justification of a preference for the forceps, in the case of primiparæ. And yet it is perfectly true that when the head has reached the outlet, it may be easily extracted with the lever, without any greater danger of injury to the perineum, than usually occurs in spontaneous labour. It is, however, indispensable to withdraw the instrument as soon as the head appears at the vulvar aperture. If, after the expulsion of the trunk, I advocate the use of the lever even at the outlet, it is because it can be very rapidly applied, and that the life of the child mainly depends on the promptness and dexterity with which the operation is performed.

When the face is turned towards the pubic arch, and the head remains within the pelvis, the position of the head is usually diagonal. The lever should then be used so as, if possible, to bring the occiput forward. Should this rotation prove impracticable, delivery may yet be effected. In presentations of the vertex, when the face is situated anteriorly, the application of the lever is somewhat dangerous, because, if inserted beneath the pubic arch, it may more or less severely injure the soft parts of the face, the jaw, or anterior part of the neck, according to the amount of force used by the operator. For these reasons, the instrument is generally not resorted to in this case ; if, however, the accoucheur deems its application necessary, he should direct the patient to lie, as in English practice, on her left side, and rest the lever on the ramus of the pubis.

In breech presentations, when the trunk has passed, these dangers need not be apprehended. The head occupies a position exactly contrary to that it assumes in presentations of the vertex ; the lever inserted beneath the pubic arch readily reaches the forehead, or even the synciput, and can never injure the soft structures of the face.

"The lever," says Mr. Carrée, "is a most convenient and trustworthy agent, which obeys the guidance of the surgeon's hand with the greatest readiness, and if the accoucheur is well acquainted with the mechanism of natural labour, and has ascertained with precision the position of the fœtus, he can with the lever easily vary his action, and take advantage of all the occurrences that may supervene. In conclusion, we will say to obstetrical surgeons : in order to save the life of the

infant after the expulsion of the trunk, have recourse without delay to the lever."

ART. 6210. PHYSIOLOGY OF DIPLOPIA CONSEQUENT ON PARALYSIS OF THE SUPERIOR OBLIQUE MUSCLE OF THE EYE.—The last number of the *Annales d'Oculistique* contains a paper, by Mr. Fano, Fellow of the Faculty of Medicine, in which we meet with the following statements :

Paralysis of the superior oblique muscle on one side, causes any object, looked at with both eyes, to appear double. The two images are seen one above the other, the superior more distinct and corresponding to the healthy eye, whereas the lower and less definite impression is conveyed by the organ on the paralysed side. Both images are perfectly parallel to each other, but separated in proportion to the distance of the object from the observer.

If the longitudinal dimension of the object much exceeds its other proportions, it will appear double when viewed horizontally, single when vertically presented.

Diplopia will cease when the head is bent on the shoulder on the side not paralysed, and the opposite side of the face is brought slightly forward.

Thus, in a lady suffering from paralysis of the superior oblique muscle of the left eye, Mr. Fano observed that vision was single when the patient inclined her head on her right shoulder, and at the same time turned forward the left side of her face. "The phenomenon," says he, "will be readily explained by a reference to the effects of this double movement. The paralysis of the ocular muscle causes the posterior segment of the eyeball to descend. Now, when the head is bent over the right shoulder, the left eye must necessarily be raised, and the right eye lowered in proportion. The left retina will then receive the impression on a higher point of its surface, and the right retina on a lower point than that which would have been impressed, had the transverse axis of both orbits remained parallel with the horizon. Both images will therefore be reflected on corresponding parts of the two membranes; hence the perception of a single object—*i. e.*, the cessation of diplopia."

The utility of the forward movement of one side of the face is not absolute, it merely permits the rectus externus to remain inactive, and thereby diminishes the necessity for local muscular exertion.

ART. 6211. ENUCLEATION OF THE TONSILS WITH THE

Finger.—The *Gazette Médicale de Lyon* reproduces from an Italian periodical the description of an old procedure revived by Mr. Bernardino, as a substitute for the knife, or Fahnstock's instrument.

This plan consists in the eradication or enucleation of one of the tonsils with the finger. Mr. Bernardino is of opinion that the removal of one of the tonsils is amply sufficient, to remedy the bad effects of the hypertrophy of both these glandular structures, and he supports his view on a somewhat quaint argument. If two neighbours quarrel, it is unnecessary to turn out both. Peace will be at once restored by the expulsion of the most noisy and troublesome of the contending parties.

This surgeon proceeds as follows :—For the left tonsil, as in a recent case which he operated on, April 22, 1861, he inserts the tip of the left forefinger behind the apex of the gland, and gradually descending, extracts the latter, by laceration with the nail, from its receptacle. The operation is represented as easier than excision with the usual amygdalotome, and no hæmorrhage need be apprehended.

Mr. G. Borelli followed this plan with equal success in an operation he performed on the 23rd of August, 1861. In general, a small fragment of the tonsil remains, not large enough to be torn away with the finger, but it can readily be removed with a common forceps.

Art. 6212. Bleeding at the Nose Checked by Increased Frequency of the Respiratory Movements.—Mr. Piorry, reflecting on the influence exercised on functional disturbances of the circulating system by the acceleration or retardation of the respiratory movements, applied these physiological data in a recent case of epistaxis, full particulars of which will be found in the *Gazette des Hopitaux.*

On the 22nd of February, a man, aged thirty, was seized with copious bleeding from both nostrils. Injections with a solution of sesqui-chloride of iron having failed in checking the hæmorrhage, plugging was resorted to, and the blood continued to ooze out for five days. On the 27th the patient was admitted into Mr. Piorry's wards, and on the same evening the epistaxis having returned in an alarming manner, the house-surgeon on duty replaced the external plugs, by lint impregnated with sesqui-chloride of iron. On the 28th the bleeding appeared to have nearly stopped, and a mixture containing the same hemostatic was prescribed. But during the ensuing night, a fit of coughing induced a sudden relapse, which was in vain contended with until morning.

On the 2nd of March the countenance of the man was death-like, the skin was cold, and the pulse weak. Vision now and then became dim, but consciousness was fully preserved, although blood still continued to escape.

Mr. Piorry recollecting that he had succeeded on other occasions in checking hæmoptysis by deep and frequent inspiration, conceived that the same method might here prove beneficial. The man was therefore directed to sit down, the plugs were removed, and he was instructed to breathe freely and often.

The hæmorrhage was immediately checked, to the great satisfaction of the Professor and of the persons present.

Herb-juices were then prescribed and ligatures were applied above the calf of the legs, and at the upper part of the forearms. The bands were removed in a few hours, and no relapse having occurred, the patient left the hospital on the 7th of March entirely cured.

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## PRESCRIPTIONS AND FORMULAS.

ART. 6213. TERTIARY SYPHILIS; SYRUP OF SARSAPARILLA WITH IODIDE OF POTASSIUM.—The clinical researches to which Mr. Ricord's labours have given rise, place beyond all question the efficacy of iodide of potassium for the treatment of syphilitic symptoms hitherto deemed incurable. In order that this remedial agent should produce its full effects, it must, however, be exhibited in very large doses, and yet in such a manner as to avoid the serious pathogenic manifestations it is capable of occasioning. It may be dissolved in syrup of gum, poppy, or lactucarium. In general, tonic syrups are useful excipients of this medicine. We may mention as the best the syrups of gentian, of saponaria, of quassia, fumitory, and sarsaparilla. Mr. Melchior Robert, of Marseilles, recommends the following as an appropriate form of administration :—

℞ Syrupi Sarzæ, Oj., or f. ℥xx. ;
Potass. iodidi., ℥viij. M.

Mr. Robert begins with one table-spoonful daily, and gradually increases the dose to two, three, and four table-spoonfuls in the twenty-four hours. For very severe osteocope, Mr. Robert prescribes at once, three table-spoonfuls of the compound syrup, and promptly augments the dose to four and even five times that amount, gradually decreasing it subse-

quently until all the symptoms have entirely disappeared. This energetic course of treatment does away with the necessity for all local applications whatever.

It is impossible to estimate the total sum of medicine required in any given case. As Mr. Robert states in his *Treatise on Venereal Disease*, (*a*) iodide of potassium acts in tertiary syphilis in the same manner as mercury in the secondary form of the malady—*i. e.*, it cures the existing symptoms without affording any protection against relapse. This drug, however, if persevered in for two or three months, in sufficient doses, is calculated to weaken the diathesis so as to induce its extinction. When it gives no further signs of existence, a final cure may be pronounced to have been effected.

ART. 6214. EFFICACY OF IODINE FOR THE CURE OF GASTRALGIA.—A fresh instance of neurotic symptoms relieved by small doses of iodine, induces us to publish the formula of a solution, the utility of which is pointed out by Dr. Massart, of Napoléon Vendée, in a paper forwarded to the Medical Society of Antwerp. The following are its components :

℞ Tinct. iodini, gr. xv. ;
Potass iodid., gr. j. ;
Aq. destill., ʒj.

Six drops of this mixture should be exhibited thrice daily in a little sugar and water. Mr. Massart highly recommends it in the sympathetic sickness of pregnancy, in gastralgia, dyspepsia, and œsophagian neuralgia.

ART. 6215. FOULNESS OF BREATH ; CHLORATE OF POTASS TABLETS.—Mr. Dethan compounds tablets which are highly spoken of as efficient in counteracting fœtor of the breath, and also in removing the scorbutic and ulcerous affections of the mouth from which this unpleasant symptom frequently arises. The *Journal de Chimie Médicale* supplies us with the author's formula :

℞ Potassæ chloratis, ʒijss. ;
Balsam. tolutani, ʒss. ;
Alcohol, q. s.
M. ft. solutio.
Sacchari pulveris, ʒx. ;
Mucilaginis, q. s.

F. S. A. Prepare a homogeneous paste, and divide into 50

(*a*) One vol., 8vo., J. B. Baillière and Son.

tablets, each of which will contain three grains of chlorate of potash, and nearly one of balsam of tolu. From 12 to 20 may be taken in the course of the day.

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## ART. 6216.

## LEARNED SOCIETIES.

ACADEMY OF SCIENCES.—Mr. Jobert de Lamballe, prosecuting his researches on the nutrition of tendons, read a memoir on the process of cicatrisation of these structures, and endeavoured to demonstrate that their continuity is restored without the addition of any considerable amount of newly-formed organic matter.

In a series of experiments on living animals, the learned Professor has studied day after day and hour after hour, the changes induced in the secretions of the wound, by the process of restoration. We reproduce an account of Mr. Jobert's latest experiment, in which he describes the condition of the tendo Achillis of a dog, three months, *minus* three days, after its division.

"On dissection, no adhesion whatever of the skin of the leg with the subjacent tissues was detected, even in the spot which had been traversed by the knife.

"The sheath of the tendon appeared in a perfectly natural state, and entirely surrounded a recently-formed substance, interposed between the divided extremities of the tendon. This substance was closely attached to the sheath, more especially at its junction with the tendinous cord. An interval of about three lines existed between the ends of the latter, and this space was filled by the new secretion, which was somewhat less thick than the tendon.

"The adventitious tissue was cut lengthwise, and proved to be interiorly as well as exteriorly of a pale greyish colour; it was dense and resisting like fibrous structures. The fibres inspected with a magnifier, were found to lie in a parallel direction to the axis of the tendon, and fixed at their extremities to those of the latter. At each end of the cicatrisive substance existed a swelling, within which the arrangement of the fibres was more distinct than in other parts. At both ends of the tendo Achillis were observed similar enlargements, and union

seemed to be effected by reciprocal coaptation or intussusception."

Mr. Jobert then described the results of his researches on horses, and of his observations on the cicatrisation of tendons in the human subject. He has ascertained by these investigations, that the divided extremities are connected by a new tissue of sometimes considerable extent, in one instance, three inches in length, of a roseate hue, and consisting of longitudinal, transverse, and oblique fibres, semi-iridescent at the surface, flesh coloured and elastic in other parts, and establishing a solid union between the extremities of the divided tendon.

At a subsequent meeting, Mr. Velpeau addressed the Academy on the same subject, and the following abstract of his remarks is supplied by the last printed Minutes :

"On the subject of the reproduction of tendinous structures," said the learned Professor, "two very distinct opinions are entertained.

"One, to which Mr. Jobert's experiments seem to be favourable, assumes that the new tendon is the result of the successive transformation of the blood effused within the sheath, and between the extremities of the divided organ. The other explains the operation by the exudation and subsequent organisation of plastic lymph secreted by the sheath, which would perform a part similar to that discharged by the periosteum in the formation of new bone.

"The former theory is in harmony with the views propounded by Hunter, on the changes of which extravasated blood is susceptible, and still finds many supporters among modern tenotomists. The late lamented Mr. d'Ammon, of Dresden, was one of its most strenuous advocates, and adduced in its defence experiments almost similar to those now instituted by Mr. Jobert, on horses, dogs, and sheep, but did not succeed in establishing its correctness to the entire satisfaction of physiologists.

"Modern observers contend that the fact is *impossible*, that extravasated blood has ceased to live, and is but an inert foreign substance utterly incapable of revivification and organisation ; and that in this respect Hunter's doctrine is unsound.

"This is obviously an histological and pathogenic question of paramount importance. Upwards of thirty years ago I adopted and defended Hunter's opinions, which supply so ready an explanation of the origin of many forms of disease, of tumours and morbid products.

"I am, therefore, perhaps, expected to express much satis-

faction at the support now afforded to these views by Mr. Jobert; but in scientific inquiries, the main object shouldbe the discovery of the truth, whether it tallies or not with our own preconceived ideas; and in this instance, I am compelled to acknowledge that the objections urged by the adversaries of this doctrine, are of the gravest and most powerful description. Thus, as regards tenotomy, the opponents of the Hunterian theory are justified in asserting that when the subcutaneous section has been carefully performed, when the sheath is uninjured, and absolute repose of the limb is at once enforced, no coagulum will form; that any such sanguineous concretion is purely accidental, will gradually disappear by the action of the absorbents, during the progresss and completion of plastic operations; and that observers have been misled by deceitful appearances, or by insufficient examination. I have, therefore, since the year 1839 accepted the other theory as more accurate, with respect to the division or rupture of tendinous structures.

"I feel certain that these difficulties will again be brought forward in opposition to Mr. Jobert's assertions, and I take the liberty of submitting them for his consideration, in hope that he may be able, beforehand, to confute or explain them away."

Mr. Jobert in reply, merely remarked, that in all his experiments, the reproduction of tendons began by the formation of a coagulum.

ACADEMY OF MEDICINE.—Mr. Gibert presented to the Academy, in the name of Dr. Lipkan, an instrument invented by Mr. Bannoscheidt, of Bonn, which the author calls *a revulsor*.

This contrivance is constructed on the same principle as the scarifier, formerly imagined by Mr. Chassaignac, and consists in forty needles, propelled more or less deeply into the skin by a peculiar mechanism. The action of the instrument may be repeated as often as the operator may deem necessary, and the strength of the spring can be modified at will. As many as 4,000 punctures can thus be easily made, and the wounds are painted over with an oil containing essence of mustard seed, and of black pepper. The capillary blood-vessels become immediately congested under the influence of the stimulus, and a vesicular eruption resembling herpes, follows in a few hours. Mr. Lipkan has further remarked, that a secondary eruption is often observed after the first has subsided.

The advantage of this new mode of counter-irritation, is to

produce active congestion of the capillaries, and an eruption which lasts a week, without ever causing the unseemly scars consequent on the common mode of scarification, or on the application of croton oil, of tartar-emetic ointment, or of permanent issues.

Our limited space debars us from reproducing *in extenso* the many communications received by the Academy on the subject of hospital hygiene; we must, therefore, confine ourselves to a brief abstract of four important documents laid before that assembly by civil and military practitioners.

The first is a letter from Mr. Nonat, physician of La Charité:

"Mr. Gosselin," says Mr. Nonat, "has, with much reason, earnestly denounced the pernicious influence of over-crowding and of a tainted atmosphere on the inmates of hospitals, especially on those who have undergone operations. He uses the expression *miasmata*, and expatiates on their origin and concentration; in this respect, he points out the disadvantages of bed-curtains, and enumerates some of the measures best calculated to counteract the effects of the noxious emanations. It is not without some surprise, however, that we find the learned professor has omitted in his minute inquiries as to the best means of restoring salubrity to hospital wards, the most efficient of all the procedures ever recommended for the purpose.

"Mr. Gosselin can surely not have supposed that my remarks on fumigations of chlorine applied only to cholera. If he will attentively peruse my note to the Academy on the subject, he may easily satisfy himself that this mode of purification meets all requirements, and further, that after having demonstrated its highly beneficial effects, I advise the plan, in general, under all circumstances in which the atmosphere requires disinfection.

"I may, in conclusion, repeat, that this procedure may be used concomitantly with all the other systems of ventilation which experience has consecrated, but which are insufficient, inasmuch as they merely disseminate and attenuate, without destroying, the poisonous effluvia."

— We turn, in the second place, to the statistics brought forward by Mr. U. Trelat, surgeon of the hospitals, on the mortality subsequent to important operations, in the hospitals of Paris.

Mr. Trelat's tables are drawn up from the books of the following hospitals: Hotel-Dieu, 1850-1861, inclusive, eleven

years ; La Pitié, 1851-1861, ten years; La Charité, 1850-1861, eleven years ; Saint Antoine, 1853-1861, nine years ; Necker, 1848-1861, fourteen years ; Beaujon, 1850-1861, eleven years ; Lariboisière, 1854-1861, eight years ; School of Medicine, 1855-1861, seven years ; Infancy, 1851-1861, ten years ; Saint Eugenie, 1854-1861, eight years ; altogether, ninety-nine years, nearly one century of hospital practice.

Setting aside a few exceptional cases which he points out, Mr. Trélat presents a sum total of 1,144 amputations, susceptible of the following classification :

| | | |
|---|---|---|
| Disarticulation of the hip-joint | 3 | cases. |
| Amputation of the thigh | 360 | ,, |
| Disarticulation of the knee | 4 | ,, |
| Amputation of the leg | 418 | ,, |
| ,, of the foot | 116 | ,, |
| Disarticulation of the shoulder | 27 | ,, |
| Amputation of the arm | 141 | ,, |
| Disarticulation of the elbow | 4 | ,, |
| Amputation of the fore-arm | 44 | ,, |
| ,, of the hand | 27 | ,, |
| Altogether | 1,144 | ,, |

Of these 1,144 patients, 522 died, or 45·6 per cent.

568 operations were performed for organic disease ; 223, or 39 per cent., had a fatal issue.

470 for traumatic injuries ; 261, or 55·5 per cent. ended fatally.

106 for causes not specified ; 28, or 26 per cent. terminated in death. This low figure is due to the fact that many of the patients were children.

In the male sex, the mortality is 438 in a total number of 908—*i. e.*, 48·2 per cent ; of women, 84 died out of a total number of 236, or 35 per cent. Mr. Trélat accounts for the difference—1. By the greater vitality of women ; and 2. By the proportionate infrequency of operations, and severe traumatic injuries in the female wards.

In general, the average mortality for both sexes is lowest between the ages of 5 and 15, and may be represented at 18·9 per cent., or analytically, 15·2 for operations performed in organic disease, and 16·6 for amputations required by traumatic injuries. Up to the age of 5 years, the chances of death are nearly the same as between 15 and 30. From the age of 15, the average figure of mortality steadily increases, whatever be the sex of the patient or the nature of the affection. After 70, it reaches 95 per cent., a proportion which Mr. Trélat considers so great, as to amount to a

prohibition of amputations at that advanced stage of human life.

After this synopsis of the subject considered in its general bearings, Mr. Trélat exposes the partial results of the various amputations in both sexes, at the different periods of life, according to the nature and seat of the injuries, and concludes with the following remarks :

"If we compare Mr. Malgaigne's statistics, drawn up twenty years ago, and bearing on the years 1836-1841, with those I now bring forward, the average mortality after amputations of the thigh, leg, and arm, will be found to have materially decreased. Thus, in 1841, the mortality was calculated for these three operations, at 62·6, 55·2, and 45 per cent. ; whereas, the corresponding figures now are 52·7, 44, and 42·5 per cent.

"We have, therefore, effected undoubted progress, and can now register a gain of almost one patient out of every five, an important fact which should re-assure us as to the future. We may, nay, we must advance further ; the barrier is not insuperable, but it is a boundary which should always recede.

— Military surgery was represented in the debate by Messrs. Larrey and Michael Levy.

Mr. Larrey began by explaining the share he ventured to take in the present discussion. Some few years ago he had an opportunity of satisfying himself of the superiority, in some respects, of the English hospitals over those of Paris. This superiority is mainly due to two essential circumstances—viz., the proportionately smaller number of beds, which allows of a wider dissemination of the patients, and of the apportioning of a larger amount of air to each, and, on the other hand, to the fact, that the physicians are permitted to prescribe a more nutritious and varied diet, than is allowed in our own institutions.

Mr. Larrey, then turning to the internal arrangements of military hospitals abroad, drew an historical sketch of the French establishments of the same kind, which are about a hundred in number. He expressed a hope that special lunatic asylums for soldiers might be created, described the hospitals of the province of Algeria, and adverted to their deficiencies. The learned Professor glanced at the history of the Val de Grâce, and of the Versailles Hospital, and after entering on a detailed account of their architecture, of the size of their wards, the number of the beds, &c., he expatiated on the attention bestowed on the linen-room and provision department, the cleanliness of the floors and curtains, the mode of heating, ventilation, &c.

He subsequently examined the respective connection of crowding, and of isolation with the return of epidemics, and the general mortality, and laid much stress on the measures adopted by the medical staff, and by the commissariat of the army during the Crimean and Italian wars, for the purpose of relieving the pressure on the hospitals, and showed the favourable effects of the dispersion of the wounded in numerous small temporary erections, especially during the Italian campaign. He concluded his remarks as follows :—

"The manifold and varying influences of a vitiated atmosphere arise from over-crowding, and entail the most disastrous consequences. This observation cannot sufficiently be dwelt upon, in order that secondary causes may not monopolise public attention, at the expense of this paramount question.

"The insufficiency of partial measures is now on all sides a fully acknowledged fact, whether with regard to the internal arrangement of hospitals, the ventilation of the wards, or the care of the sick, even under the most talented and experienced medical supervision.

"The suppression or closing of hospitals alleged to be insalubrious, would be an unnecessary and mistaken measure. What is required is an improvement in the sanitary conditions of all, by increase of their number, diminution of their extent, a reduction in the number of beds in each, and a wide dissemination of the patients. . . . . This would seem to be the only practical solution of the intricate problem before the Academy."

— Mr. Levy went considerably farther, and after asserting the relative superiority of small over large hospitals, gave utterance to a thought which Mr. Jules Guérin has already boldly expressed, and which tends to no less than the entire suppression of civil hospitals.

"The establishment," said he, "of small, large, or middle-sized hospitals, of pavilions of various dimensions, will perhaps not be the final conclusion arrived at in this matter; it is not improbable that inquiring minds may some day re-examine the original terms of the problem, and if all persons aware of the perils of agglomeration and of nosocomial poisoning, agree that these dangers must be reduced to their minimum importance, theory, and experience, may perhaps lead our successors to decide on the utter annihilation of their acknowledged cause, and on the closing of all nosocomial institutions. This absolute and radical remedy will doubtless be accused of rashness, but all writers on economical subjects, since the days of Montesquieu, have advocated the same measure for the promotion of interests much less respectable than those of public health;

and although, despite their arguments, it is far from demonstrated that hospitals have a tendency to increase pauperism, it is obvious that they necessitate the agglomeration of human suffering within a limited space, and agglomeration here is synonymous with infection. A long list of nosocomial diseases is thus super-added to those resulting from destitution and intemperance ; it will be something to curtail this list, how much better to suppress it altogether ? This is the most important subject which can possibly engage the attention of the administrator, or the study of the physician. In a semi-barbarous state of society, when the science of private and public hygiene had no recognised existence, the concentration in hospitals of the assistance and of the care necessary to the sick, under religious supervision, was doubtless an inestimable boon ; but at the prssent day, with the statistics now accessible to the public, we have surely a right to inquire whether progress will not more obviously consist, for the future, in dispersing the combined efforts of administrative, and of scientific bodies, in imparting a more individual character to public assistance, and in viewing the home of the poor man, as the revolving point of charitable intervention."

After expounding these general opinions, Mr. Levy laid before the Academy the comparative results, in the Crimean campaign, of the treatment of disease under canvas, in huts, and in hospitals.

"Let us compare," said he, "the results in these three sorts of nosocomial establishments—viz., closed buildings, well-aired huts, and tents in which the ventilation is permanent. The latter were only used for the treatment of internal disease ; the wounded, and the men who underwent operations in the Crimea, remained but a short time under canvas, as it was a rule necessary to the regular working of the Ambulance system, to send them as promptly as possible to the Scutari or Constantinople hospitals. The cases of external disease, and of common fever treated in June, July, August, and September, 1854, ran through their course without any complications attributable to hospital influences. In short, treatment under canvas, with the requisite precautions, and in fair weather, entirely does away with the perils and disadvantages of over-crowding. It was also in tents that I placed the fifty or sixty cases of scurvy which broke out in the fleet. A cure was rapidly effected ; but as much cannot be said for the other scorbutic sailors, about four hundred of whom we treated, in the following November, in the enclosed buildings of Daoud-Pacha.

"It was cholera that prompted the establishment of tent-hospitals, and the experiment proved most remarkably successful. Without alluding to the terrible effects of the scourge at the Pyræus, in buildings enclosed like all the lazarets of the East, and at Gallipoli, in the crowded and deteriorated Turkish houses, provided by the Commissariat for hospital purposes, we find at Varna in close apposition all the elements of legitimate comparison. The two closed hospitals received from July 10, to September 18, 1854, 2,314 cases of cholera, 1,389 of which proved fatal—*i.e.*, in the proportion of 100 deaths for 166 patients.

Three tent-hospitals were opened; the first on the 5th of August, was closed on the 28th of the same month; the second opened on the 7th of August, closed on the 17th; and the third was used from the 8th of August, to the 18th of September; 2,635 cases of cholera were admitted in all, 698 ended fatally; the proportion of the mortality being, therefore, 100 for 376 patients, or only 26 per cent.

"This is so unusually favourable an average, that we can even afford to include the deaths which occurred at sea, and during the transfer of the patients from the port of Varna to the monastery, and an unexampled instance of benignity, unprecedented in the history of Asiatic cholera, will yet remain. We should notice another important advantage. The hospital buildings at Varna, despite all the efforts made to improve their sanitary condition, preserved the taint for a long time; under canvas no infection remained; not a single medical officer died in the tents, whereas seventeen sacrificed their life by their devoted attendance on the cholera cases, in the Gallipoli, Adrianople, and Varna hospitals. The distribution of the patients in groups of from three to eight in each tent, is equivalent to perfect dispersion; between two beds the air was freely circulated; between two tents the outer atmosphere was in constant play; hospital-buildings concentrate, condense, accumulate the morbid effluvia, whatever their nature; they are, on the contrary, constantly disaggregated and dispersed in the tent-hospitals.

It is more difficult to draw a parallel between the results of treatment in the hut system, and those attained in the Constantinople hospitals. The huts were constructed on the seashore, and were more easily accessible to the wounded, and to the men suffering from dangerous illness, who could not have borne a long transit on cacolets (bat-mules), or even on litters. If we take into account, however, the relative gravity of the

cases, the number and nature of the operations performed, the advantage will be found to remain with the huts.

"Such, gentlemen, are the effects of treatment in the three conditions of difficult, less incomplete, and perfect ventilation. It is from the experience gained in the epidemics of cholera, that we chiefly derive our knowledge of the efficacy of a free circulation of air. For my part, I was fully convinced of its necessity long before the Crimean war. In 1849, 1,218 cases of cholera were admitted into my wards at the Val de Grâce; I attended myself on 1,100; the number of deaths were 338, the smallest proportion observed at that time in Paris. And yet the treatment I adopted was much the same as that resorted to by other practitioners; those who imagine that all soldiers are hale young men of twenty, of robust constitution, and ruddy complexion, will doubtless ascribe these favourable results to the vigour of the subjects under my care. But the truth is, that I had not forgotten the dire lesson taught us in 1831, and aware of the infectious power of cholera, an eye-witness of its destructive fury at Bourbonne-les-Bains, and of its irradiating progress around that city, I adopted, with the assistance of a highly-intelligent commissariat, the following measures from the very outset of the epidemic :—

"1. Treatment of all cases of cholera in a separate pavilion.

"2. Permanent ventilation of the wards; the upper compartments of the windows alternately opposite to each other kept open night and day.

"3. All *excreta* to be immediately removed.

"4. The convalescent to be placed in a separate ward, &c.

"The first two measures were obviously the most efficacious, and the Board of Health, in its last official instructions issued in the event of cholera, at my suggestion, lays considerable stress on the permanent ventilation of the buildings.

"Medical practice in time of peace, hospital arrangements in cities and garrisons, civil as well as military medicine, must of course profit by the formidable teachings of war. The almost unavoidable incidents of long campaigns, the pathological disasters which follow in the train of large armies conveyed to considerable distances, and tried by protracted suffering, are, in general, but the reproduction, on an immense scale, of the causes and effects which operate in a more obscure and less perceptible manner, in the more or less crowded hospitals of large towns. The mortality is always referable to infectious, and often to contagious, influences; here they destroy life in retail, elsewhere by wholesale. They neutralise or annihilate the efforts of Surgery, defraud the physician of the

most legitimate fruits of his endeavours, and render barren the zeal and activity of the administrator. Let, therefore, the administrator, the physician, the surgeon combine to counteract this deleterious agency, the most general, potent, and unyielding of all those which defeat the charitable purposes of our common vocation."

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## BIBLIOGRAPHY.

ART. 6217. *Considérations sur le Traitement du Rhumatisme Chronique par l'Hydrothérapie.* (Hydropathic Treatment of Chronic Rheumatism), *by — Bouland, M.D., Member of the Society of Hydrology, &c.* (*a*)

Hydropathy now occupies so important a place in medical therapeutics, that we consider it a duty to notice publications, professing to point out with precision the morbid states to which this conquest of modern science is most applicable. Upon this score, we recommend a perusal of Mr. Bouland's recent memoir. This paper was originally presented by the Author to the Society of Hydrology, and contains some general remarks on the pathology of rheumatism, and on the mode of action of the water-cure on the calorifying power of the system. Its chief object, however, is a description of the treatment of the various forms of chronic rheumatism by the outward use of cold water ; and it is in this respect it seems to us invested with especial interest.

These forms are the *articular*, *muscular*, and *neuralgic rheumatism.*

One variety of articular rheumatism assumes from the first the chronic form, a fact of which the practitioner should be aware ; it very frequently yields to friction with the wet sheet, (*b*) if the treatment is resorted to at an early period of

(*a*) A pamphlet, 8vo. Germer Baillière, Paris.

(*b*) Mr. Bouland expresses himself as follows on the subject of the wet sheet :—"The wet sheet is one of the most useful of all hydropathic procedures. The patient should be so completely enveloped that no part of the body should, after having been wet, be exposed to contact with the atmosphere. This precaution must never be neglected. I have seen persons afflicted with rheumatism solely from inattention to the precept above laid down. The sheet has another advantage—the operator can regulate at will the refrigeration of the body, by pouring cold water over the portions of the sheet which have become heated ; the pulse may thus be lowered with almost as great certainty as by immersion into the cold bath, the re-action accelerated or retarded, and stimulating or merely sedative effects secured, at the option of the physician."

the disease. This very simple medication can be applied everywhere, and belongs to an extremely serviceable class of procedures, which patients can with perfect ease have recourse to at home. It merely requires a little caution, for it must not be forgotten that, *unless reaction follows, hydropathic measures promote the development of rheumatic symptoms.* If no sufficient reaction can be effected, some other method of treatment is preferable. The douche is indispensable only when the joints are swelled, as in rheumatic gout, without heat or redness, and are the seat of plastic exudation. But the douche requires the most careful supervision; the most apparently trifling want of caution may entail serious consequences, and endanger the favourable results which might otherwise be expected. In short, in chronic articular rheumatism, the cold-water cure supplies the practitioner with two valuable resources, consisting in a tonic and restorative general medication, and in a local resolutive treatment.

Mr. Bouland alludes to *muscular rheumatism* chiefly, in order to demonstrate the necessity of a very strict diagnosis. Thus the hot-air bath, followed by cold affusion, promptly relieves muscular pain, but has a very different effect on local neuralgia. In the latter, it should be replaced by alternately cold and hot douches, the variations of heat being regulated by the condition of general sensation. In muscular rheumatism especially, perspiration should be encouraged with much reserve. Indeed, it not unfrequently happens that heat recals the pain, increases its intensity, and, instead of curing, prolongs the sufferings of the patient. Diaphoresis should, on the contrary, be checked, or very seldom incited, as soon as the functions of the skin have been properly restored, and when perspiration is easy and copious.

Cold ablutions, and more particularly frictions with the wet sheet, generally remove erratic rheumatism; but when the pain is localised with any degree of intensity in one region, the stimulating revulsive douche should be resorted to with a degree of perseverance in harmony with the indications of each particular case.

Should the disease not yield after two months' treatment, it will be proper to discontinue the hydropathic measures, and to have recourse to sulphurous baths. The author speaks highly of this plan of combined operations, and remarks that the treatment of rheumatism always requires considerable time, and that the diathesis can be contended with, and far more efficaciously, by varying the remedies, than by blindly insisting on adherence to a single method.

Mr. Bouland devotes considerable space to the treatment of neuralgia. Of seventeen patients suffering from neuralgia of the fifth pair of nerves, eight were cured, after blisters alone or dressed with morphia had in vain been resorted to.

During the paroxysms, the following was the treatment adopted :—

In the morning a hot-air bath was prescribed, the seat of pain being covered with a wet compress protected by a dry cloth. When the pain was very acute, the cold-water poultice was changed two or three times; the hot-air bath was followed by a general douche, and a very weak local shower-bath over the painful nerve, and a vigorous douche was then directed over the feet and legs. The douche was repeated in the evening, but the hot-air bath was omitted. After the cessation of the paroxysms, the cold douche only was prescribed night and morning. In general, the fit ceased after the perspiration, and returned in twenty-four hours ; this was noted even in the cases in which only a slight improvement was ultimately effected.

The treatment was, therefore, at the same time sedative, and counter-irritant during the paroxysms, stimulating and revulsive after their cessation. Hydropathy proved especially beneficial in cases of sciatica. In ten cases of *sciatic neuralgia*, Mr. Bouland effected an entire cure eight times, and the other two patients experienced marked improvement. In every instance, more or less protracted treatment had been fruitlessly resorted to, and blisters, the actual cautery, electricity, mineral waters, narcotics, quinine, turpentine, &c., had been previously called into requisition, without success.

When the water-cure was first instituted, seven patients could not stand upright, and, resting on a stick, could with difficulty walk a few steps ; six were utterly deprived of sleep, and the remaining four reposed but two or three hours, at most, every night.

Twice the treatment was begun with the hot-air bath, heated with the spirit-lamp, (*a*) and followed by a general shower-bath or douche. In the evening the douche was repeated, but not the sudation.

During the first four days, not only was no amelioration observed, but the pain appeared somewhat to increase. On the fifth morning, an alternately hot and cold douche was

(*a*) Mr. Fleury has substituted with advantage the hot-air bath heated with Dzondi's lamp, for the dry packing generally used in Germany. By this method, the temperature of the body may be increased from 4° to 6° Fahr. in twenty-four minutes ; the pulse rises to 130, and copious perspiration follows.—THE EDITOR.

exhibited at a temperature varying between 68° and 104° Fahr., and in the evening another weak shower-bath at 77° Fahr. The following night the patients felt easier, and, until considerable improvement took place in the neuralgia, the same treatment was persevered in, the temperature of the evening douche being gradually lowered to 61°-64°. It is sometimes desirable to use a jet of considerable power; the pain is deadened by the shock, and disappears; but much prudence is here necessary, and the practitioner should carefully watch the effects of the procedure.

The remaining eight patients underwent the same treatment; perspiration was seldom induced. This method speedily allays the suffering and restores sleep.

Mr. Bouland lays much stress on the necessity of persevering in the medication, after the cessation of the symptoms, in order to obviate a relapse; thus only can a permanent cure be effected.

The treatment of the other forms of external neuralgia is the same; visceral neuralgia yields to hydropathic measures in so many instances that they may legitimately be resorted to in all cases. The good effects of the water-cure are especially observable in gastralgia and gastro-enteralgia; here the circular shower-bath seems possessed of a peculiar degree of efficacy.

ART. 6218. *Principes de la Doctrine et de la Méthode en Médecine, Introduction à l'Etude de la Pathologie et de la Thérapeutique.* (The Inductive Principles of Medical Science, being an Introduction to the Study of Pathology and Therapeutics), *by Mr. Delioux de Savignac, Professor of Clinical Medicine at the Naval School of Toulon.* (*a*)

The work published under the above title will doubtless establish for its author, Mr. Delioux, an important claim to a seat in the Institute, when that learned body shall have consented to create a section of medical philosophy.

The first part of the work is devoted to an inquiry into the various doctrines which have prevailed in science, from the days of Hippocrates to our own age. In the second, pathology and therapeutics are separately considered. Although the author in general does not descend from the lofty regions of ideal speculation, he is too much of a physician to disdain altogether facts of merely practical interest. We may point out in illustration, the chapter relating to the *methodical study of medicinal agents.* We may even adduce as a *specimen* of

(*a*) One vol., 8vo. Victor Masson.

the information here imparted, the details in which the author enters in order to demonstrate the possibility of facilitating the exhibition, and the tolerance of certain medicines, by inducing the anæsthesia, or at least modifying the perceptive power of the organs of taste.

"If brandy, rum, kirchwasser, peppermint, pure or diluted with water, are for a few minutes kept in the mouth, the unpleasant taste of any substance taken afterwards will be much attenuated. Tannin appears to me more especially endowed with the power of deadening the sense of taste: a solution of half a drachm or one drachm of tannin in three ounces of water used previously as a wash or gargle, almost entirely destroys all perception of saline flavours; I have frequently resorted to this method in the administration of neutral saline aperients. I may here allude to the virtues of pyrothonide, (rag or paper oil) described by Mr. Johnson, and again brought forward by Messrs. Trousseau and Pidoux. A few drops of this substance applied to the tongue, at once abolish, and sometimes for the space of an hour, all sensation in the gustatory nerves."

Mr. Delioux's remarks on the various therapeutic methods ars also replete with interest, and cannot but be perused with advantage.

ART. 6219. *Essai d'une Bibliographie Universelle de la Médecine, de la Chirurgie et de la Pharmacie Militaires.* (An Attempt of Universal Bibliography of Military Medicine, Surgery, and Pharmacy.) *By Victor Rozier.* (*a*)

We have much pleasure in noticing a catalogue published by a young and able editor, Mr. V. Rozier, under the above unassuming title.

The first part of this work, destined to occupy a prominent place in the library of our colleagues in the army, contains in two closely connected sections the indication of four thousand four hundred and twenty-four volumes, theses, or ancient and recent memoirs on the subject of military medicine.

Previously to, and during the eighteenth century, the medical officers of the army were surgeons temporarily withdrawn from civil practice. In this first essay, M. Rozier, therefore, notices only the publications of authors who enumerate among their other titles that of military surgeon. But the special character of military medicine has chiefly attracted the atten-

(*a*) One Vol., 8vo., pp. 230, Victor Rozier.

tion of the editor, and he takes note of almost every work on gun-shot wounds, (harquebusses, carbines, muskets), traumatic tetanus, hospital gangrene, the plague, dysentery, typhus, scurvy, &c. Mr. Rozier may lay claim to considerable credit for the perfect impartiality he has displayed in the enumeration of the titles of the various memoirs, whether simply in the shape of pamphlets, theses, newspaper articles, &c., or more extensive publications, which are noticed with all the particulars due to their relative importance.

This bibliography, a useful work of reference for civil as well as for military practitioners, will rescue from oblivion many valuable publications. They will in future be consulted with advantage, and, thanks to Mr. Rozier, the names of their authors will be quoted, and their proper place assigned to them in the history and literature of medicine.

Art. 6220. *Traité Clinique et Pratique des Opérations Chirurgicales* (A Practical Treatise of Operative Surgery), *2nd volume, concluding part, by E. Chassaignac, M.D., Surgeon to Hospital Lariboisière, etc. (a)*

Mr. Chassaignac has faithfully redeemed his pledge of completing his *Practical Treatise of Operative Surgery* before the month of April. We have much pleasure in informing our readers that the second and concluding part of the last volume of this important publication, has now appeared. This fasciculus embraces operations on the tongue, mouth, throat, neck, and chest. The author afterwards turns to the surgical proceedings, applicable to injuries of the abdomen, hernia, artificial anus, prolapsus of the rectum, fistula in ano, and hæmorrhoids, for the removal of which linear crushing has been so brilliantly successful. Mr. Chassaignac expatiates on the management of diseases of the bladder, urethra, testicle, and of the female organs of generation. The volume concludes with remarks on the treatment of proportionately less important surgical affections, such as Onychia, sub-ungueal periostosis, callosities of the foot, etc.

The reader cannot fail to be struck, on perusing the entire work, with the minuteness with which the author describes each operation, in order to extend the popularity of his methods, and facilitate their application without any other assistance than the information conveyed in these two volumes.

*(a)* Victor Masson, Paris.

In our next number it is our intention to notice a valuable book on the *Hygiene of Algeria*, by J. J. Marit, M.D., Principal Physician of our African army.

We must also invite attention to the *New Medical Compendium, (a)* published by Dr. A. Bossu, chief editor of the *Abeille Médicale*. This work is divided into three sections, viz. : *General Pathology; Dictionary of Internal Pathology;* and *Therapeutic Memento*. The first considers pathology in its general aspects as regards causes, symptoms, treatment, nomenclature, and classification. The second treats of diseases in both sexes, and at the various ages, of cutaneous and ocular affections, and records the formulas in most general use. The *Therapeutic Memento* presents the reader with an alphabetical definition of all simple or compound medicinal preparations, and their formulæ ; it includes an enumeration of their properties, uses, and mode of exhibition.

A separate supplement is devoted to a record of the progress of medical science.

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## ART. 6221.

### MISCELLANEA.

The following circular has been forwarded to the Mayors of the Department, by the Prefect of the Loire :

"Gentlemen,

"I am informed that in certain districts within my jurisdiction, apothecaries have given consultations, and without the prescription of medical practitioners, have dispensed medicines, the inexpedient use of which might entail serious consequences. You will inform the chemists of your district that they must refrain from similar infractions of the law for the future, or incur the risk of prosecution.

"I remain, &c.,

"The Prefect of the Loire, L. SENCIER."

— The Medical Society of Indre et Loire offers a gold medal, value 8*l.*, to the author of the best memoir on the subject of *alcoholism*. The papers to be forwarded, in academical form, to Dr. Blot, Secretary of the Society, at Tours, before the 30th of August, 1863.

*a)* One vol., 18mo., pp. 840, price 5s. 8d. Germer Baillière.

— Among the numerous patients who take cod-liver oil, says Mr. Dannecy, in the *Bulletin de Thérapeutique*, many complain that, although they may have taken it without reluctance, it is unavoidably rejected by the stomach after a few hours. Dr. Dannecy recommends the exhibition of ten or twelve grains of calcined magnesia in water after the oil, and this remedy he has invariably found successful. It was suggested to him by the interesting experiments of Dr. Jeannel on the emulsive power of alkaline substances on fatty matter, and by the ingenious theory propounded by that chemist on their assimilation.

— Cases are on record in which, under the influence of a degree of depravity closely akin to mental derangement, individuals have inserted into their lower intestine drinking-glasses, or other similar objects. A fact of this kind, stranger perhaps, in its details than any we are acquainted with, was recently related to the Society of Surgery by Mr. Desormeaux. The foreign body for the extraction of which the patient applied for admission into the hospital, was a glass bottle eight inches in height, and at the bottom nearly three inches in diameter. The following are the particulars of the case :

A man presented himself at the consultation of hospital Necker, and stated that, since thirty-six hours, he was suffering from the presence of a bottle in his rectum. He acknowledged that he had made a habit of the introduction of the foreign body, but that on the last occasion the bottle pressed too much forward, had lodged itself in such a manner that he had been unable to extricate it.

Mr. Desormeaux ascertained, on inspection, that the anus was susceptible of a degree of expansion, which allowed of the easy insertion of four or five fingers. A discharge existed, of a mucous and fecal nature, mixed with blood. A bath was prescribed, and on further examination,the bottom of a bottle was discovered with the finger, above the sphincter, and directed obliquely backwards. The neck of the bottle was distinctly felt through the abdominal parietes, at two inches and a half below the umbilicus. Attempts at extraction with the hand having entirely failed, the blades of a forceps were inserted along the sides of the bottle, as far as its neck, with the left hand the operator disengaged the bottom of the bottle from the curve of the os coccygis, and after some trouble it was at last extricated. An enema was prescribed, some feverishness supervened ; but on the following day, the patient, doubtless, anxious to escape from the scornful jeers of the other

inmates of the ward, insisted on leaving, and has not since reappeared.

Mr. Larrey related, that some years ago, a man was admitted into the Hôtel Dieu, who had inserted a long beer-glass into his rectum. The forceps was resorted to for its extraction, but the glass broke, the intestine was injured, and the patient died four days after from the effects of peritoneal inflammation.

— Mr. Monneret, Professor of Pathology at the Faculty of Medicine, and Physician of the Hôtel Dieu, has just published the outline of his course of lectures for the years 1861, 1862, and 1863. The *Gazette Médicale de Strasbourg* congratulates the Professor on this important innovation, which will afford the students valuable assistance in classing their notes, and supply them, at the same time, with a general synopsis of the entire course.

— Dr. Devay, Professor of Clinical Medicine at the School of Medicine of Lyons, has recently published an interesting work on the disastrous effects of marriages among relatives. He shows that, in fixing certain prohibited limits of consanguinity, the church has merely endeavoured to enforce the observance of one of the most important laws of nature, which cannot be infringed with impunity. Union within the limits of consanguinity are not only hurtful to the human race, but also to animals. Such unions, among the latter, may, however it is true, be promoted by breeders for the sake of profit. The Dishley and Durham oxen are instances in point, but sterility is the usual consequence of the practice. Dr. Devay remarks that, out of 121 marriages of this kind, between relations, 22 were barren. When sterility does not occur, the issue is diseased, or afflicted with blindness or deafness; also in many cases deformity is the result. Of all these irregularities of conformation, polydactylism is the most frequent.

— In a recent memoir, Dr. Roger brings forward the following statistics of the cases of diphtheria, and croup observed during the years 1859, 1860, and 1861, at the Hospital for Infancy in Paris.

The proportion of successful cases of tracheotomy in 1859 was 24 per cent. ; in 1860, 19 per cent. ; and in the first ten months of 1861, upwards of 30 per cent. ; forming an aggregate average for the last three years, of 24.6 per cent.

About one-quarter of the cases of croup admitted into the hospital is therefore cured by tracheotomy; but as the opera-

tion is not resorted to in a certain number of obviously desperate instances, these must also be taken into account, in order to obtain a fair estimate of the efficacy of the procedure. In one-ninth of the patients, surgical interposition would be a wanton act of cruelty, and the amount of deaths is thereby increased in an equal proportion. With this correction, a precise estimate of the chances of cure, afforded by tracheotomy, may be attained, and they are found for all cases to average 19.5 per cent.—*i.e.*, out of one hundred children doomed to inevitable death, about twenty are unquestionably rescued by the operation (*Societé Médicale des Hopitaux; Union Médicale Dei*, 1861).

— The last census has brought to light the following facts: *Lameness* is most prevalent in mountainous countries, such as the departments of Lot et Garonne, La Vendée, Haute-Loire, Cantal, and Haute-Savoie; *Short-sightedness* is chiefly met with in the Bouches du Rhône; the *deaf-mute* most abound in the Indre-et-Loire and Hautes Alpes; in the latter department, the deaf and dumb are in the proportion of 1 to 419; in the Seine, the proportion is but 1 in 4,624; *Scrofula* is chiefly observed in the Pas de Calais, and *Consumption* in the Nord.

— In a recent decree on the subject of wandering dogs, the Préfet de Police earnestly calls the attention of the public to the necessity of cauterisation with the hot iron, in the case of bites inflicted by animals supposed to be mad, as *the only reliable method of preventing the effects of contagion.* Minute and intelligible directions accompany the decree.

— We described in a recent number (Art. 6176), Dr. Corbel-Lagneau's fumigating pastilles. Mr. Gibon, a well-known dispensing chemist, of Paris, remarks that, upwards of eighteen months ago he published, in various medical journals, a paper on the use of fumigations in diseases of the chest, and the formula for the preparation of cones of the same kind as those now recommended to the public.

— At a recent meeting of the Institute, Professor Velpeau related the case of a woman who died suddenly, at the Hospital of La Charité, of an embolus in the pulmonary artery, being at the time under treatment for a fracture of the right leg. Mr. Velpeau entered somewhat minutely into the description of this kind of vascular obstruction. The coagula, in his

opinion, originally form in the veins of the abdominal region, neck, or head. A fragment of the clot may be detached from the mass, and pass, for instance, from the femoral into the iliac vein, thence into the cava, and thus reach the cerebral blood-vessels. If the coagulum be sufficiently large to obstruct the pulmonary artery, as in the present case, the arrest of respiration and sanguification will occasion sudden death. These emboli may also form in the arteries; and Mr. Velpeau further expressed his conviction that fragments of tubercle, or particles of pus, may also circulate with the blood, and give rise to morbid symptoms of various aspect.

— An addition to the list of efficient hæmostatics must always be acceptable to Surgeons. A plant called *Pengawar Jamba* (*Palea Tibotii*) has been latterly brought over from Java, and is said to be possessed of extraordinary hæmostatic power. It is a kind of fern, yielding a mass of delicate filaments so light and flexible as to be capable of floating a long time in the air. Their colour varies from a brownish gold hue to a greyish black. Six grains of these filaments form a sufficient quantity to stop the bleeding of an artery, a twelfth of an inch in diameter. This substance displays excessive avidity for water, exhales, when heated, an empyreumatic perfume, and, if it be burnt, explodes. The rapidity with which the filaments absorb the aqueous parts of the blood, induces the immediate coagulation of this fluid, and the fibres form, moreover, an impenetrable pledget, which efficiently closes the wounds to which they are applied. The promptness with which the Jamba checks hæmorrhage will doubtless make it highly valuable in cancerous and scorbutic ulcers.—*Gaglignani's Messenger.*

— The *Journal de Pharmacie et de Chimie* relates a recent case of poisoning with liquid ammonia.

The patient was a journeyman printer, who, intent upon suicide, swallowed, at one gulp, three ounces of liquor ammoniæ. Violent gastric and intestinal inflammation followed, copious hæmorrhagic stools took place, erysipelas set in, and death occurred ten days after the ingestion of the poison. On dissection, the throat and pharynx were found to have suffered deeply from contact with the caustic. The œsophagus and stomach were in a state of extensive ulceration, and the kidneys softened and enlarged. Dr. Potain concludes his report of the case by the following remarks: Liquid ammonia acts both as a caustic and as a liquefier of the blood, and gives rise to more

copious gastro-enteric hæmorrhage than other poisons. It is partly eliminated through the agency of the kidneys, and induces changes of a serious character in the structure of these organs.

— The Paris Medical Press has suffered a severe loss in the person of Dr. Foucart, an active contributor to the *Gazette des Hopitaux* and the *France Médicale.*

— It is also our painful duty to record the death of Mr. Becquerel, Fellow of the School of Medicine, and Physician of La Pitié. Mrs. Becquerel, the daughter of Professor Cruveilhier, outlived her husband but a very few hours.

Mr. Becquerel was the author of many highly-valued publications, amongst which we may mention a *Semeiology of the Urinary Secretion; a Treatise on Hygiene; a Treatise on Diseases of the Uterus;* and a volume on *the Medical Uses of Electricity;* the two latter have been recently reviewed in the present journal.

— Professor Thibeaud, and Professor Marchand, of Nantes, Dr. R. Robin, of Goderville, a much esteemed practitioner in the neighbourhood of Hâvre, and Dr. Bernard, for forty years one of the most popular physicians of the city of Moulins, have also recently died.

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For the articles not signed,

H. Chaillou, *Chief Editor.*

# CHLORODYNE.

Its use in FEVER highly recommended, a Case of SARCINÆ *Cured*, and other Notices of its high remedial value presented, with an especial CAUTION to the Profession.

CAUTION ABOUT SPURIOUS IMITATIONS, &c.

CAUTION.—J. T. DAVENPORT *received* from Dr J. COLLIS BROWNE, M.R.C.S.L., Ex-Army Medical Staff, *the sole discoverer and inventor, his* RECIPE *for this invaluable preparation* which *has never been published or made known;* hence there can be no other maker, and anything compounded as Chlorodyne besides is a spurious imitation and deception.

TESTIMONIALS.

"I have now for fifteen months used Dr J. COLLIS BROWNE'S CHLORODYNE, and am fully persuaded of its value as a remedial agent. In FEVER, to allay restlessness and severe headache, and to procure sleep, its effects have been most satisfactory. It appears to me to be indicated in all cases where there is depression of NERVOUS POWER. In fact, in the hands of a judicious Surgeon who has used it a few times, it is capable of being most extensively and usefully prescribed. In a case of obstinate and severe VOMITING, arising from SARCINÆ in the Stomach, associated with an Amyloid Tumour in the Liver, which had resisted treatment for many months, I used Chlorodyne most successfully. The first dose stopped the Vomiting. Small doses were continued, at intervals of a few hours, for six weeks. The vomiting having entirely ceased, it was then discontinued, and although six months have elapsed there has been no return of the symptoms. The Tumour has somewhat diminished in size, and gives no uneasiness. I have also given it in some cases of Phthisis, with marked relief, especially in the early stages. I spontaneously offer my opinion as to its merits, for I think it has only to be tested and it will be used by all Medical men.

"HENRY J. STORMONT, Esq., Surgeon, Cheshunt."

Sole Agent and Manufacturer, J. T. DAVENPORT, Pharmaceutical Chemist, 33 Great Russell st., Bloomsbury sq., London.

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# CHLORODYNE.

R. FREEMAN, PHARMACEUTIST, KENNINGTON ROAD, LONDON, S., informs the Profession and Trade that he has FOR YEARS MADE and extensively supplied "CHLORODYNE"—in one-ounce and four-ounce stoppered bottles, at 1s. 6d. and 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers, though their charge be ever so exorbitant; and he is glad to find the low price at which he sells it allows the Profession to use it in common practice and public institutions, so that its extraordinary beneficial effects are enjoyed by many of the poorest sufferers.

R. FREEMAN almost daily receives letters from Members of the Profession, and also the Trade, who speak highly of his CHLORODYNE. He publishes the following by permission:

"I duly received your sample of Chlorodyne, and I liked it so well that I ordered more through my wholesale druggist. I think it in every way as good as any I have used, and it has the recommendation of being cheaper.

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"Having been in the habit of using Mr. Freeman's Chlorodyne for some time past, I have much pleasure in stating that it has never failed to have the desired effect in whatever case it has been administered.

"C. SWABY SMITH, M.R.C.S.E., *Surgeon to the Berks and Hants Extension Railway Works and Pewsey Union, &c. &c.*"

"I have had several parcels of your Chlorodyne, and the Medical Men who have used it find it equally efficacious with that which is double the price, both having been tried on the same patients with similar results.

"W. GRAHAM CARR, *Pharmaceutical Chemist, Berwick.*"

"I have administered to several of my patients your Chlorodyne, and I consider it a valuable remedy; it has succeeded perfectly in all cases in which I have used it. In its action it is uniform, and in its effects most efficacious.

"DAVID EASTON, M.D., *Medical Officer, Rhins-of-Galloway Poorhouse, Stranraer, Wigtonshire.*"

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APRIL, 1862.

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